

Address to: Assistant Commissioner for Patents
Box Patent Application

Washington, DC 20231

UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b)(1) is a **continuation** of prior Application No. PCT/EP00/04250, filed May 10, 2000.

Applicant (or identifier): SCHUURMAN ET AL.

application is hereby reserved.

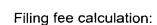
Title: COMBINATIONS OF IMMUNOSUPRESSIVE AGENTS FOR THE

TREATMENT OR PREVENTION OF GRAFT REJECTIONS

Enclosed are:

1.	\boxtimes	Specification (Including Claims and Abstract) - 18 pages
		Drawings - sheets
3.		Declaration and Power of Attorney
		a. Newly executed (original or copy)
		 b. Copy from a prior application (signed or with indication that original was signed)
		i. Deletion of Inventors
		Signed statement attached deleting inventor(s) named in the prior application
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	\boxtimes	Incorporation By Reference
	_	The entire disclosure of the prior application is considered as being part of the disclosure of the accompanying application and is hereby incorporated by
		reference therein.
5		Microfiche Computer Program (appendix)
		Nucleotide and/or Amino Acid Sequence Submission
6.		Computer Readable Copy
		Paper Copy
		Statement Verifying Identity of Above Copies
7	\boxtimes	Preliminary Amendment
	Ħ	Assignment Papers (Cover Sheet & Document(s))
	H	English Translation of
	H	Information Disclosure Statement
	\boxtimes	Certified Copy of Priority Document(s)
		Return Receipt Postcard
		Other: Application Data Sheet, Unexecuted Declaration
\boxtimes		e right to elect an invention or species that is different from that elected in parent blication No. PCT/EP00/04250 in the event of a restriction or election of species

requirement that is identical or substantially similar to that made in said parent



Before calculating the filing fee, please enter the enclosed Preliminary Amendment.
Before calculating the filing fee, please cancel claim 4.

Basic Filing Fee										
Multiple Dependent Claim Fee (\$ 280)										
Foreign Language Surcharge (\$ 900)										
	For	Number Filed		Number Extra		Rate				
Extra Claims	Total Claims	10	-20	0	x	\$	18	=	\$	
	Independent Claims	4	-3	1	×	\$	84	=	\$	84
TOTAL FILING FEE										

Please charge Deposit Account No. 19-0134 in the name of Novartis Corporation in the amount of \$824. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-0134 in the name of Novartis Corporation.

Please address all correspondence to the address associated with Customer No. 001095, which is currently:

Thomas Hoxie Novartis Corporation Patent and Trademark Dept. 564 Morris Avenue Summit, NJ 07901-1027

Please direct all telephone calls to the undersigned at the number given below and all telefaxes to (908) 522-6955.

Respectfully submitted,

Date: November 7, 2001

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